FORM D



03019630

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB AP | PROVAL |
|---------------|-----------------|
| OMB Number: | 3235-0076 |
| Expires: / | August 31, 1998 |
| Estimated ave | rage burden |
| | onse 16.00 |

| SEC | USE ON | LY |
|--------|----------|--------|
| Prefix | | Serial |
| DAT | E RECEIV | ED |

| Name of Offering (☐ check Convertible Debt Off | if this is an amendment and name has changed, and in Fering | idicale change.) |
|--|--|---|
| Filing Under (Check box(es) th | at apply): 🗷 Rule 504 🔲 Rule 505 🔲 Rule 506 | ☐ Section 4(6) ☐ ULOE |
| Type of Filing: | g 🗖 Amendment | PECEUE |
| | A. BASIC IDENTIFICATION DATA | /65°/ WA |
| 1. Enter the information reque | sted about the issuer | ADD A SOO W |
| Name of Issuer (☐ check if VASE Incorporated | this is an amendment and name has changed, and indi- | cate change.) |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1845 West St., Sheld | lonville, MA 02070 | 508-384-2683 |
| Address of Principal Business (if different from Executive Of | Operations (Number and Street, City, State, Zip Code) fices) | Telephone Number (Including Area Code) |
| Brief Description of Business | | PROCESSE APR 09 2003 |
| wireless technology | for home networking | APR 09 2003 |
| Type of Business Organization ☑ corporation | ☐ limited partnership, already formed | ☐ other (please specify): THOMSON FINANCIAL |
| ☐ business trust | ☐ limited partnership, to be formed | - control (promo openiny). |
| Actual or Estimated Date of In Jurisdiction of Incorporation of | ncorporation or Organization: Month Year | |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers make | ing an offering of securities in reliance on an exemption u | nder Regulation D or Section 4(6), 17 CFR 230,301 |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.301 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CVYY control number.

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| | ENTIFIC | | |
|--|---------|--|--|

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more

| Check | Box(es) that | Apply: | ☐ Promoter | ☐ Beneficial Owner | Executive Officer | Director | ☐ General and/or |
|------------|----------------------------------|------------|----------------|--|---------------------|-------------|---------------------------------------|
| | | | | | | | Managing Partne |
| | ame (Last na na V. Jon | | if individual) | | | • • | |
| | ss or Resider | | ess (Number a | and Street, City, State, 2 | Lip Code) | | |
| 1845 | West St | ., She | ldonville, | MA 02070 | | | |
| Check | Box(es) that | Apply: | C Promoter | C Baselidal Owner | E Executive Officer | Director | ☐ General and/or Managing Partne |
| | ame (Last na k Savick: | | (laubividei li | | | | |
| | | | wrentham, N | and Street, City, State, 2 1A 02070 | Lip Code) | | |
| heck | Box(es) that | Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partne |
| ull N | ame (Last na | me first, | if individual) | | | | |
| lusine | ss or Resider | ice Addre | ess (Number s | and Street, City, State, 2 | Zip Code) | **** | |
| Check | Box(es) that | Apply: | C Promotes | Cl Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partne |
| uil N | ame (Last ne | une first, | if Individual) | | | | |
| Susine | ss or Resider | oce Addre | ess (Number | and Street, City, State, ? | (ip Cose) | | |
| Check | Box(es) that | Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partne |
| uli N | ame (Last na | ıme first, | if individual) | | | | |
| Busine | ss or Resider | ice Addre | ess (Number a | and Street, City, State, 2 | Lip Code) | | · · · · · · · · · · · · · · · · · · · |
| Check | Box(es) that | Apply: | ☐ Promoter | D Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| ull N | ame (Last na | me first, | if individual) | | * | | |
| Ausine | ss or Residen | ce Addre | ess (Number a | and Street, City, State, 2 | Lip Code) | | |
| heck | Box(es) that | Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Zaccutive Officer | ☐ Director | ☐ General and/or Managing Partner |
| | | | | | | | |

| 1. Has t | the issuer s | old, or do | es the issu | er intend | to sell, to | non-accre | dited inves | tors in this | offering? | | ******* | Yes . IP | No |
|----------------------------|--|---------------------------------|---|--|---|---|--|---|---|--------------|--------------------------|----------------------------|----------|
| | | | Ans | wer also i | n Appendi | ix, Colum | a 2, if filin | g under U | LOE. | | | | |
| 2. What | t is the min | imum inv | estment th | at will be | accepted f | rom any i | ndividual? | ••••• | • | | | . s ²⁰ , | , 000 |
| 3. Does | the offerin | g permit | joint owne | rship of a | single uni | it? | | | ••••• | | | Yes | No |
| sion o to be list th | the inform or similar re- listed is an he name of ealer, you n | muneration associated the broke | on for solic d person o r or dealer | itation of programmer of the second s | purchasers a broker (than five (| in connect or dealer ra (5) persons | tion with sa egistered w to be liste | iles of securith the SE and are asso | rities in the C and/or v | offering. | if a person or states | n is | |
| Full Name | (Last nam | e first, if | individual) |) | 3 | | | | | | | | |
| None | | | | | | | | | | | | | |
| Business o | r Residence | Address | (Number | and Street | , City, Sta | ate, Zip Co | ode) | | - | | | | |
| Name of | Associated | Broker or | Dealer | | | | • | | | - | | | |
| N/A | | | | | | | | | | | | | |
| States in \ | Which Pers | on Listed | Has Solici | ted or Inte | ends to So | licit Purch | Dasers | | | | *** | | |
| (Check | "All States | " or chec | k individu | al States) . | · · · · · · · · · · · · · · · · · · · | • • • • • • • • | | | | | | □ All : | States |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] | (CT) [ME] | (DE) | [DC] [MA] | [FL] [Ml] | [GA] [MN] | [HI] [MS] | [ID [MO] | - |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | - |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | { W1 } | [WY] | [PR | <u> </u> |
| | or Residence Associated | <u></u> | | and Street | , City, Sta | ate, Zip Co | ode) | · | | | | | |
| Name of | Associated | Blokel Of | Dealei | - | | | | | | | | | |
| | Which Pers | | | | | | | | | | | | |
| • | "All States | | | | | | | | | | | | |
| [AL] [IL] | [AK] [IN] | { AZ } { IA } | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | { DE } {MD} | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID [MO | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | - |
| [RI] | [SC] | [SD] | [TN] | [TX] | (UT) | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR | 1 |
| Full Name | e (Last nan | ne first, if | individual |) | | ., | , | | | | | | |
| | | | | • | | | | | •. • | | | | |
| Business of | or Residence | e Address | (Number | and Street | , City, St | ate, Zip C | ode) | | | | - | | |
| | | | | | | | | | | • | | | |
| Name of | Associated | Broker or | Dealer | <u>`</u> | | | · · · · · · · · · · · · · · · · · · · | | | - | | | |
| States in | Which Pers | on Listed | Has Solic | ited or Int | tends to Sc | olicit Purc | hasers | | | | | | |
| (Check | "All State | s" or chec | k individu | al States) | | | | ••••• | • • • • • • • • • | | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID | |
| [IL] | [IN] [NE] | [IA] [NY] | [KS] [NH] | [KY] [NJ] | [LA] [NM] | [ME] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] | (MC (PA | _ |
| [MT] | (SC) | [SD] | [TN] | (TX) | (UT) | [VT] | [VA] | [WA] | [WV] | (WI) | [WY] | PR | |

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt 50,000 300,000 300,000 Convertible Securities (including warrants) Partnership Interests Other (Specify 300,000 50,000 Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases 50,000 Accredited Investors Non-accredited Investors 50,000 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505 Regulation A..... 50.000 Rule 504 50,000 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0 Transfer Agent's Fees 0 Printing and Engraving Costs 5,000 Legal Fees 0 Accounting Fees 0 Engineering Fees Sales Commissions (specify finders' fees separately)..... 0 Other Expenses (identify) _

C. OFFERING PRICE, NUMBER OF INVESTORS, REPRINES AND THE OF PROCEEDS

Total.....

5,000

| C. OPTERING PINCE | NUMBER OF INV | STOR FOR | SES AND U | SE (| OF PROCEED | 3 | |
|--|--|---|--------------------------------|--------------|--|---------------|-----------------|
| b. Enter the difference between the aggs tion 1 and total expenses furnished in re- "adjusted gross proceeds to the issuer." | sponse to Part C - (| Duestion 4.a. This | difference is | the | e. | · S _ | 54,000 |
| Indicate below the amount of the adjusts used for each of the purposes shown. If estimate and check the box to the left of the the adjusted gross proceeds to the issuer | the amount for any he estimate. The total | purpose is not kn il of the payments | own, furnish listed must ea | an | | | |
| - - - | | www.c-Que | 8001 4.0 2 00 | , v.C. | Payments to Officers, Directors, & | | Payments To |
| | ** | | | | Affiliates | | Others |
| Salaries and fees | | | | | | | |
| | | | | | | □ S. | . 0 |
| Purchase, rental or leasing and instal | llation of machinery | and equipment | C | 3 S. | 0 | □ \$. | 17,000 |
| Construction or leasing of plant buil | dings and facilities. | • • • • • • • • • • • • • • • • | C | J \$_ | 0 | □ \$. | 15,000 |
| Acquisition of other businesses (incluorifiering that may be used in exchangissuer pursuant to a merger) Repayment of indebtedness | ge for the assets or | securities of anoth | er | | | | 0 |
| Working capital | | | C | 2 2 | 0 | □ \$ | 45,000 |
| Other (specify): Engineering, Property Prot | Marketing & I | | | | | | |
| | | | c | ⊐ s . | | □ s . | |
| Column Totals | | • | | J \$. | | | 228,000 |
| Total Payments Listed (column total | s added) | | • • • • • • • • • | | _ \$ | 300,0 | 000 |
| | D. PEDEI | AL SIGNATURE | | | | | |
| The issuer has duly caused this notice to be following signature constitutes an undertakinguest of its staff, the information furnished | g by the issuer to fu | rnish to the U.S. S | Securities and | Exc | change Commis | sion, u | pon written re- |
| issuer (Print or Type) | Signatur | : | $\overline{}$ | | Date | | |
| VASE Incorporated | \mathcal{M} | ina VI | Jones | | 0 | 3/ | 31/03 |
| Name of Signer (Print or Type) | Title of | Signer (Print or T) | /1 | | L | <i>-,</i> - | |
| Diana V. Jones | | ident | • | | | | |

-ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| L. STATE SIGNATURE | |
|---|----|
| 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? | No |
| See Appendix, Column 5, for state response. | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|------------------------|-----------------------|----------|
| VASE Incorporated | Scane V. Jones | 03/31/03 |
| Name (Print or Type) | Title (Print or Type) | |
| Diana V. Jones | President | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.